

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR/NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: County of Bergen County: Bergen
Employee Organization: UPSEU-Prosecutors White Collar Employees in Unit: 47
Base Year Contract Term: 01/01/06-12/31/10 New Contract Term: 01/01/11-12/31/14

Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

Section II: Economic

	Column A Base Year-Total Costs (Last Year of Previous agreement)	Column B New Base Year-Total Costs (First Year of Successor agreement)
Item 1..... Salary	\$2,303,564	\$2,395,706
Item 2..... Increment		
Item 3..... Longevity	\$26,350	\$26,350
Item 4.....		
Item 5.....		
Item 6.....		
Item 7.....		
Item 8.....		
Item 9.....		
Item 10.....		
Item 11.....		
Item 12.....		
Additional items		

Any additional items list on separate sheet

Section III: Totals -

	\$2,329,914	\$2,422,056
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Sum of costs in each column

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	\$2,329,914			
Effective Date (m/d/yyyy)	01/01/11	01/01/12	01/01/13	01/01/14
Percent Increase	4.000%	4.000%	4.000%	4.000%
Total cost of increase.....	\$92,142	\$95,828	\$99,661	\$103,647
Total base salary (successor agreement)	\$2,422,056	\$2,517,884	\$2,617,546	\$2,721,194

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	4.000%
Dollar impact (average per year over term of agreement)	\$97,820.01

Section VI: Health Insurance (include costs associated on each line)

	Base Year	Year 1		
Cost of Health Plan	No data captured	\$658,421		
Employee Contributions	\$0	\$34,396		
Prescription	No data captured	\$226,453		
Dental	No data captured	\$39,383		
Vision	\$0	\$0		

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: _____ Title: _____
Print Name
Signature : _____ Date : _____